

FILED APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8829
Registrar's No. 2112

Registration District No. 791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3343 Indiana Av. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 (Specify whether
In this community 50 years, months or days)

3. (a) PRINT FULL NAME Joseph Ernst

3. (b) If veteran, name war —

3. (c) Social Security No. 493-05-5573

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Veronika Ernst 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 25 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 4 If less than one day — hr. — min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner

11. Industry or business

MOTHER FATHER { 12. Name Joseph Ernst
13. Birthplace Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Veronika Stein
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Veronika Ernst
(b) Address 3343 Indiana Av.

17. (a) Burial (b) Date thereof 3-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. 104

18. (a) Signature of funeral director Wm. Bro. L. H. G.

(b) Address 2924 S. Jefferson Av.

19. (a) MAR 2 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County —
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3343 Indiana Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1940 hour 6⁰⁰pm minute — M.

21. I hereby certify that I attended the deceased from Sept 1
1939 to Feb 29 1940
that I last saw him alive on 2-29-40
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Disease

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature R. V. [Signature] (M. D. or other)
Address 22679 Park Date signed 3-1-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. H. Witt....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas. H. Witt*.....

Licensed Embalmer No. *683*.....

P. O. Address *2929 So. Jefferson Ave*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.